

NEVADA DEPARTMENT OF CORRECTIONS	SERIES 300 PERSONNEL	SUPERSEDES: AR 314 (09/09/02)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 314 EMPLOYEE PHYSICAL EXAMINATIONS AND HEALTH REQUIREMENTS TEMP	EFFECTIVE DATE: 12/17/03

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	<u>MANDATORY REVISION DATE</u>	<u>09/09/04</u>

PURPOSE

To identify fitness for duty as a condition of employment as it relates to the essential functions of the position.

To specify the requirements for tuberculosis testing as a condition of employment, and annually for employees working in an institution for the Department.

To specify the requirements for the Hepatitis B inoculations for those persons employed by the Department.

To specify the requirements for those positions that requires a valid Commercial Drivers License as a condition of employment to perform the duties of the position for the Department.

To establish guidelines for the availability of benefits to police officers at the time of termination, when exposure to a contagious disease including, without limitation, Hepatitis A, Hepatitis B, Hepatitis C, Tuberculosis and Human Immunodeficiency Virus, has occurred. **(3-4060)**

AUTHORITY

NRS 617.455, 617.457, 617.080, and 617.135
NRS 616A through 616D, inclusive
NRS 629.061
NAC 441A.370
OSHA 29 CFR 1910.1030 (Bloodborne Pathogens)

RESPONSIBILITY

The Department Personnel Division shall coordinate scheduling, and ensure all staff designated as police officers receive a medical physical examination as delineated in medical panels.

The Department Personnel Division shall ensure that prior to employment of prospective police officer staff, each candidate shall pass a pre-employment medical physical examination.

The Department is responsible for the cost of the examination performed by the designated health care provider. Employees, who fail to keep a scheduled appointment, without 24-hour notice to the designated health care provider, may be billed for the cost incurred by the Department.

Wardens and Associate Wardens, shall ensure employee attendance at scheduled appointments and pursue disciplinary/corrective measures when notified of non-compliance. Administrative leave may be granted for the physical examination and related diagnostic testing.

Employees shall attend additional testing and follow-up as documented by the designated health care provider, or be subject to disciplinary action up to, and including, termination.

DEFINITIONS

DEPARTMENT – The Nevada Department of Corrections.

DEPARTMENT PERSONNEL DIVISION – The Personnel Division within the Nevada Department of Corrections.

DESIGNATED HEALTH CARE PROVIDER – A medical provider contracted by Department of Administration, Risk Management Division, on behalf of the state agencies with police officer staff.

ASSOCIATE WARDEN – An assistant administrative officer in charge of Operations or Programs within an institution of the Department.

DIVISION HEADS – Those individuals responsible for the major divisions of the Department; such as Personnel, EEO/Professional Development, Inmates Services, Fiscal, Inspector Generals Office, Procurement, Accounting, Offender Management, Stores, Medical.

EMPLOYEE – A person legally holding a position with the Department in the public service as defined in NRS 284.015.

ESSENTIAL FUNCTIONS – The functions that a person who holds the position must be able to perform, unaided or with the assistance of reasonable accommodations.

FIT FOR DUTY – The employee or pre-hire candidate has been cleared for duty by the designated health care provider to perform the essential functions and physical characteristics of the position.

LOSS CONTROL COORDINATOR – The individual appointed to a classified position within the department to administer, manage, supervise, and coordinate the department's employee work related illness/injury program to include, but not limited to, the right to appeal any determination made by the insurer or hearing/appeals officers, coordination of the vocational rehabilitation process, and re-employment issues.

MEDICAL RECORD – The file maintained in the Department Personnel Division in Carson City, for applicants, current and former employees.

MEDICAL PANELS:

- Panel 1 - Baseline examination performed on pre-hire candidates and employees under 40 years of age with over five years of law enforcement service. This is the even-year examination.
- Panel 2 – Physical examination performed on employees under 40 years of age with over five years of law enforcement service. This is the odd-year examination.
- Panel 3 - Physical examination performed on pre-hire candidates and employees over 40 years of age with over five years of law enforcement service. This is an annual examination.

- Panel 4 – Physical examination performed on employees with 2 (two) years of service and less than 5 (five) years of service. This is an even-year examination for employees under 40 years of age, and is performed each year for employees 40 years of age and over.

MET – Metabolic Equivalent, defined as a unit of metabolic energy. The term MET is used to describe the metabolic capacity required to perform various levels of intensity of physical activity. One MET is the energy level at rest. This is the amount of oxygen consumed and the person's related energy output in regard to maintaining heartbeat, circulation, breathing, and other physiological processes at rest. Peace officer positions are considered to be at least a medium to medium-heavy duty job based on the need to pursue, arrest or detain individuals, which is equivalent to 10.1 METS.

MODIFIED DUTY ASSIGNMENT – Temporary modification of a regular job requirement or alternative work while an employee is recovering from a medical condition.

NOT FIT FOR DUTY-MEDICAL CONDITION – A medical condition, which prevents the employee or pre-hire candidate from completing the medical examination and being cleared for duty.

NOT PHYSICALLY FIT FOR DUTY – A physical condition, which prevents an employee or pre-hire candidate from performing the essential functions of the position.

POLICE OFFICER – As defined in NRS 617.135, a uniformed custody position employed at the Department, that requires regular and frequent contact with offenders imprisoned, and who is subject to recall in emergencies, and as defined in NRS 286.061, inclusive.

PREDISPOSING HEALTH FACTORS – Obesity, smoking, diabetes, elevated lipids, previous cardiac disorder, hypertension, family history, lifestyle, etc.

PRE-HIRE CANDIDATE – A person who applies, is eligible, competes in, and successfully passes all phases of the examination process.

WARDEN - The administrative officer in charge of an institution of the Department.

APPLICABILITY

This regulation applies to all police officer staff as defined above.

PROCEDURES

314.01 PRE-HIRE PHYSICAL EXAMINATION

1.1 Medical Physical

1.1.1 Following a conditional offer of employment, pre-hire candidates eligible for heart/lung benefits are required, as a condition of employment, to submit to an initial physical examination to determine physical fitness to perform the essential functions of the position with the Department.

1.1.2 Should the pre-hire candidate pay for the pre-employment examination, and the examination is subsequently used as the baseline physical examination, the Department has the discretion to reimburse the employee for the examination, up to the contracted amount.

1.1.2.1 The pre-hire candidate is required to submit the medical findings to the designated health care provider to ensure the pre-employment examination includes the same type and level of diagnostic testing as is required for the heart/lung examinations and that similar paperwork, including medical history is provided.

1.1.3 The designated health care provider will document the pre-hire candidate as either fit for duty; or not fit for duty, either medically or physically.

1.1.4 If the pre-hire candidate has a medical condition, the candidate must provide medical documentation from their personal physician, at their expense, and provide the designated health care provider with the written medical documentation.

1.1.4.1 The documentation must indicate that they are able to perform the essential functions and peak physical demands of the job.

1.1.4.2 The Department may require a physicians documented decision regarding the medical condition(s), a plan of treatment and the duration of treatment.

1.1.4.3 The Department and the designated health care provider will determine if an offer of employment is appropriate.

1.1.5 Should the pre-hire candidate have a physical condition, they must certify to the Department Personnel Division that they are working on correcting the condition(s) and give an estimated time for correction.

1.1.5.1 The Department may require a physician's documented statement on the physical condition, the plan of treatment and the duration of treatment.

1.1.5.2 The Department and the designated health care provider will determine if an offer of employment is appropriate.

1.2 Tuberculosis Testing

1.2.1 A pre-hire candidate for any position within an institution is required to submit to a 2-Step Tuberculosis (TB) skin test. The test must be negative.

1.2.1.1 For a positive test, the pre-hire candidate must provide documentation they do not have active Tuberculosis, provided at their own expense, prior to an offer of employment.

1.2.1.2 Employees who have a positive skin test for Tuberculosis (TB) will not be required to submit to future skin tests and will have their status evaluated annually by the infection control coordinator.

1.3 Hepatitis B Testing

1.3.1 A pre-hire candidate for any position within an institution must be offered the Hepatitis B vaccine.

1.3.1.1 Should the pre-hire candidate consent to be vaccinated by the designated health care provider; there will be no charge to the pre-hire candidate.

1.3.1.2 Should the pre-hire candidate decline the vaccine; they must complete the appropriate form indicating declination.

314.02 ANNUAL EMPLOYEE PHYSICAL EXAMINATION

1.1 Medical Physical

1.1.1 The Department Personnel Division shall, on a monthly basis, provide to each of the institutions, a roster of current employees who are required to have their annual physical.

1.1.1.1 The institutions shall identify the employee shift and regular days off (RDO's), and forward the information to the designated health care provider.

1.1.1.2 The designated health care provider shall schedule the time and location of the physical exam and inform the Department Personnel Division.

1.1.1.3 The Department shall compensate the employee when the appointment cannot be scheduled on the employee's normal workday.

- Employees reporting to a local Designated Health Care Provider shall receive compensation for the time spent at the office of the Designated Health Care Provider and any overtime incurred.
- Employees required to travel out of their normal assignment area, shall be compensated for the amount of time in travel status, per diem for meals or lodging, and any overtime incurred.

1.1.2 Employees who have a temporary illness or injury preventing them from completing the physical exam are required to get a physician's certificate excusing them from the physical exam, for a period not to exceed one month.

1.1.2.1 If after a period of one month the employee continues to have a temporary illness or injury that prevents them from completing the physical, additional documentation from their physician will be required.

1.1.2.2 It is the employee's responsibility to reschedule the physical.

1.1.2.3 Failure to abide by this may be cause for disciplinary action up to, and including, termination.

1.1.3 The designated health care provider shall submit written documentation of the physical examination on the appropriate form to the Department Personnel Division.

1.1.3.1 The documentation shall identify the employee as either fit for duty; not fit for duty medical condition; or not physically fit for duty.

1.1.4 Employees, who are no longer performing duties of a peace officer, may be eligible for continued coverage under the heart/lung bill.

- The employee may be required to take a modified form of the examination based on their essential functions.

1.1.5 Employees who choose to have the physical examination conducted by their personal physician will be required to pay for the cost of the examination.

1.1.5.1 The employee is required to submit the medical findings to the designated health care provider to ensure the examination includes the same type and level of diagnostic testing as is required for the heart/lung examinations and shall provide documentation of results on the same forms that the designated health care provider utilizes.

1.1.5.2 The designated health care provider shall determine clearance for duty.

1.1.6 Employees are responsible for all costs associated with medical follow-up treatment that is necessary to correct pre-disposing health factors identified by the evaluating physician (with the exception of an abnormal EKG, chest x-ray, and/or audiogram).

1.1.6.1 The employee will utilize available leave accruals for any follow-up appointments. Employees must request leave on the appropriate form through their supervisor. Employees with no leave accruals may be approved leave without pay.

1.1.7 Employees who are currently under the care of a cardiologist, pulmonologist, or other physician, for health conditions that may prevent them from safely completing the physical examination, may be required to obtain a release from their personal physician prior to submitting to the examination.

1.1.7.1 Employees may be required to submit to diagnostic testing by their personal physician at employee expense. Should this occur, the results will be sent to the designated health care provider to determine fitness for duty.

1.1.8 Employees who must maintain a valid Commercial Driver's License as a condition of their employment will utilize the designated health care provider and the Department shall be responsible for the cost incurred.

1.1.8.1 Employees who utilize their personal physician shall be the responsible for any expenses incurred.

1.2. Tuberculosis Testing

1.2.1 An employee of a correctional facility who does not have a documented history of positive Mantoux tuberculin skin test shall submit to such test on an annual basis.

1.2.2 The Department Medical Division will administer the test statewide in January of each year, to all Department employees in an institution who come into contact with inmates.

1.2.3 The Department Personnel Division will issue a notice of testing dates, and provide the Wardens, Camp Managers, and Director of Institutional Nursing with a list of employees due.

1.2.4 An employee with a documented history of a positive TB must complete, on an annual basis, an Annual TB Risk Screening Form DOC-1062.

1.2.4.1 This form will be submitted to the Department Infection Control Coordinator for assessment.

1.2.4.2 The Department Infection Control Coordinator shall determine whether additional tests are required.

1.3 Hepatitis B Testing

1.3.1 Should the employee physical reflect a need for the Hepatitis B booster, the designated health care provider shall administer the booster and the appropriate documentation shall be placed in the employees medical file.

314.03 NOT FIT FOR DUTY - MEDICAL

1.1 EKG Abnormalities

1.1.1. The objective measure of a minimum level of cardiovascular fitness that must be achieved, without medical complications, is a functional capacity of 10.1 METS at Stage 3 of a Standard Bruce Protocol stress test.

1.1.1.1 This level has been established based on New York Heart Association and American Sports Medicine Guidelines.

1.1.1.2 It is a minimum level of cardiovascular fitness (high end of sedentary work standard) that is needed to safely perform the peak physical demands of a police officer.

1.1.1.4 This is the only acceptable method approved by the Department. No alternative methods will be recognized.

1.1.2 Should abnormalities be identified on the EKG examination this may indicate the employee has possible heart disease.

1.1.2.1 The designated health care provider shall refer the employee to a cardiologist for consultation and additional diagnostic tests. The consultation is intended to rule out or confirm heart disease, determine if an immediate health threat is present, and provide a fitness for duty evaluation.

1.1.2.2 The Department Personnel Division may place an employee on administrative leave or administrative duties immediately until the evaluation is complete and the written medical report is received.

1.1.2.3 The designated health care provider shall notify the employee, in writing, and a copy of the written documentation shall be placed in the employee's medical file.

1.1.2.4 The attending physician must approve the temporary modified duty assignments, in writing, prior to having the employee work the assignment.

1.1.3 Should heart disease be ruled out the Department will pay for the cost of the consultation and additional diagnostic tests.

1.1.3.1 A determination as to whether the employee will be able to return to work will be made on a case-by-case basis, in consultation with the designated health care provider.

1.1.3.2 Should the employee not be able to return to work, available leave accruals (i.e., sick, comp, or annual leave) will be utilized.

1.1.4 Should heart disease be confirmed, the cardiologist and the employee will complete the appropriate worker's compensation claim forms to initiate the claims process.

1.1.4.1 A determination as to whether the employee will be able to return to work shall be made on a case-by-case basis, in consultation with the designated health care provider.

1.1.4.2 Should the employee not be able to return to work, available sick leave will be utilized pursuant to worker's compensation rules.

1.1.4.3 Should a worker's compensation claim be denied by the worker's compensation carrier, the employee shall be held responsible, through their health plan provider, for all costs associated with the follow-up medical treatment as it relates to the heart condition (with the exception of the initial cardiologist consult and any additional diagnostic tests that were needed to confirm a diagnosis as noted above).

1.1.4.4 Should the employee not be able to return to work, available leave accruals (i.e., sick, comp, or annual leave) shall be utilized.

1.2 Spirometry Chest X-Ray

1.2.1 Abnormalities detected on a chest x-ray may indicate the employee has possible lung and/or heart disease.

- 1.2.1.1 The designated health care provider will refer the employee to a pulmonologist for additional diagnostic tests as necessary.
- 1.2.1.2 The employee is to continue working unless the designated health care provider determines the employee should not return to work.
- 1.2.1.3 Should the provider determine the employee will not return to work, the employee will be placed on administrative leave or be assigned administrative duties immediately until the evaluation is completed and the Department receives the written medical report.
- 1.2.1.4 The Department shall incur the cost for the additional diagnostic tests.
- 1.2.2 If lung and/or heart disease are ruled out, the Department will incur the cost of the consultation and additional diagnostic tests.
 - 1.2.2.1 A determination as to whether the employee will be able to return to work will be made on a case-by-case basis, in consultation with the designated health care provider.
 - 1.2.2.2 Should the employee not be able to return to work, available leave accruals (i.e., sick, comp, or annual leave) shall be utilized.
- 1.2.3 If lung and/or heart disease are confirmed, the pulmonologist and the employee will complete the appropriate worker's compensation claim forms to initiate the claims process.
 - 1.2.3.1 A determination as to whether the employee will be able to return to work will be made on a case-by-case basis, in consultation with the designated health care provider.
 - 1.2.3.2 Should the employee not be able to return to work, available sick leave shall be utilized pursuant to worker's compensation rules.
 - 1.2.3.3 Should a worker's compensation claim be denied by the worker's compensation carrier, the employee shall be held responsible, through their health plan provider, for all costs associated with the follow-up medical treatment as it relates to the lung or heart condition (with the exception of the initial consultation and any additional diagnostic tests that were needed to confirm a diagnosis as noted above).
 - 1.2.3.4 Should the employee not be able to return to work available leave accruals (i.e., sick, comp, or annual leave) shall be utilized.

1.3 Audiogram

1.3.1 Abnormalities detected from the audiogram usually indicate the employee has hearing difficulties or hearing loss. The designated health care provider will refer the employee to an audiologist for additional diagnostic tests are necessary.

1.3.2 Should hearing loss be ruled out, the Department shall pay for the cost of this consultation and additional diagnostic tests.

1.3.2.1 A determination if the employee will be able to return to work will be done on a case-by-case basis.

1.3.2.2 Should the employee not be able to return to work, available leave accruals shall be utilized.

1.3.3 Should hearing loss be confirmed, the audiologist and the employee will complete the appropriate worker's compensation claim forms to initiate the claims process.

1.3.3.1 A determination as to whether the employee will be able to return to work will be made on a case-by-case basis, in consultation with the designated health care provider.

1.3.3.2 Should the employee not be able to return to work, available sick leave shall be utilized pursuant to worker's compensation rules.

1.3.3.3 Should a worker's compensation claim be denied by the worker's compensation carrier, the employee shall be held responsible, through their health plan provider, for all costs associated with the follow-up medical treatment as it relates to the hearing condition (with the exception of the initial consult and any additional diagnostic tests that were needed to confirm a diagnosis as noted above).

1.3.3.4 Should the employee not be able to return to work, available leave accruals shall be utilized.

1.4 Other Abnormalities

1.4.1 Abnormalities that may pose a predisposing condition to heart and/or lung disease include, but are not limited to diabetes, hypertension, obesity, lipids, lifestyle, smoking, etc.

1.4.1.1 The designated health care provider shall instruct the employee to follow-up with their personal physician, at their own expense, to correct the condition(s).

1.4.1.2 Should the employee need time off to correct these conditions, the employee will need to utilize their own leave time, and request such on Form DOC-1000.

1.4.2 Fitness for duty issues will be determined following the evaluation and/or consultation. Should the employee be designated as not fit for duty or there will be a lengthy recovery, the employee may be placed on leave and shall utilize available leave accruals.

1.4.2.1 In accordance with NAC 284.611 the Department Personnel Division may refer the employee to vocational rehabilitation and inform the employee they should contact Public Employees Retirement System (PERS) regarding available plan benefits.

1.4.3 Should the employee request to be treated by their personal physician, the Department Personnel Division will communicate in writing what is required of the employee for a fit for duty clearance.

1.4.4 Should there be conflicting or unclear information in regard to an employee fitness for duty, or successful correction/control of a medical condition, the employee must be re-evaluated.

1.4.4.1 The Department will offer the employee the option to be re-evaluated and/or retested by the designated health care provider to obtain this documentation at no cost to the employee, or require the employee to submit to a second medical opinion.

1.4.4.2 In some cases, a third medical opinion may be needed; however, the objective medical documentation required is intended to avoid subjective determinations.

314.04 NOT PHYSICALLY FIT FOR DUTY

1.1 Should the designated health care provider determine that the employee is not physically fit for duty based solely on a lack of physical conditioning, and not in conjunction with a medical condition, the employee will be counseled by the designated health care provider and referred to their personal physician.

1.1.1 The designated health care provider shall determine whether the employee's fitness level, based on the employee's essential functions, represents a threat to their own safety, the safety of fellow employees, or the public.

1.1.2 The designated health care provider shall document the physical condition and notify the Department Personnel Division in writing.

1.1.3 A determination as to whether the employee will be able to return to work will be made on a case-by-case basis, in consultation with the designated health care provider.

1.1.4 Should the employee not be able to return to work, available leave accruals shall be utilized.

1.2 If the employee has a physical condition, they must assure the Department Personnel Division, in writing, that they are working on correcting the condition and give an estimated time for corrective action, not to exceed 6 months.

1.2.1 The department may require a physician's documented statement on the physical condition, the plan of treatment and the duration of treatment.

1.2.2 Should the employee request and be approved time off for the evaluation, they must utilize available leave accruals.

1.3 The employee is expected to correct the condition(s) prior to the next physical examination and the employee's progress shall be re-evaluated at the next scheduled physical examination.

- Failure to make the necessary corrections may result in progressive disciplinary action up to and including termination.

314.05 MODIFIED DUTY ASSIGNMENT

1.1 Should the medical condition be potentially work/industrial-related and the designated health care provider or workers compensation health care provider determine the employee may work in a temporary modified duty assignment, the employee shall notify the Department Personnel Division within 3 working days.

1.1.1 The Loss Control Coordinator shall assist in identifying a temporary modified duty assignment, if any to accommodate the employee's temporary restrictions.

1.1.2 The designated health care provider or workers compensation health care provider must approve the temporary modified duty assignment, in writing, prior to having the employee work the assignment.

1.2 Should the medical condition not be work/industrial-related and the employee personal physician determines the employee may work in a temporary modified duty assignment, the employee shall notify the Department Personnel Division within 3 working days. The Personnel Division shall work with the employee's supervisor to identify a temporary modified duty assignment, if any, in an effort to accommodate the employee's temporary restrictions.

1.2.1 The employees personal physician must approve the temporary modified duty assignment prior to having the employee work the assignment.

1.3 Work/industrial-related medical conditions take precedence over non-work/industrial-related conditions with regard to temporary modified duty assignments.

1.4 A temporary modified duty assignment may, at any time, be withdrawn at the discretion of the Department with or without supporting medical documentation.

1.5 Temporary modified duty assignment will be evaluated every 30-calendar days, not to exceed 90 calendar days in duration.

- Possible extension beyond 90 calendar days can be pursued through the Department Loss Control Coordinator.

1.6 The Department Personnel Division shall document in writing the temporary modified duty assignment and the employee must acknowledge, by signature, their agreement to the terms and conditions of the temporary modified duty assignment.

314.06 POST-EMPLOYMENT CONTAGIOUS DISEASE SCREENING

1.1 Department police officers that have a reported and documented exposure to a contagious disease shall be offered a blood test at the time of termination, at six and twelve months after termination.

1.1.1 These police officers will be eligible to receive testing at the time of termination, at six months, and twelve months after termination.

1.2 The Department Loss Control Coordinator will be responsible for providing the Department Personnel Division contagious disease exposure statistics.

1.3 The Department Personnel Division shall complete a Contagious Disease Screening Form DOC-1011, and secure the employees signature and date at time of termination appointment.

1.4 The former police officer shall report to one of the designated health care providers.

1.4.1 The provider shall submit a billing statement to the Department.

1.5 When there is no designated health care provider for the former police officer to obtain the testing, they may obtain private testing.

1.5.1 Reimbursement may be requested by submitting a copy of the billing statement to the Department Personnel Division.

1.6 Should a blood test reveal that a former police officer has a contagious disease or the antibodies associated with a contagious disease, the police officer is eligible, during their lifetime, to receive compensation for such a disease and any additional diseases or conditions that are associated with, or result from the contagious disease.

REFERENCES

ACA Standard 3-4060

ATTACHMENTS

Concentra Physical Packet
Keith Boman Physical Packet
Tuberculosis Form, DOC-2612
Hepatitis B Form, DOC-2537
Contagious Disease Screening Form, DOC-1011
Authorization for Leave and Overtime Request Form, DOC-1000

Jackie Crawford, Director

Date

CONFIDENTIAL

Yes

XX
No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.